

Case Number:	CM15-0061613		
Date Assigned:	04/07/2015	Date of Injury:	10/20/2009
Decision Date:	10/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on October 20, 2009, incurring neck, bilateral upper extremities and low back injuries. She was diagnosed with cervical disc disease, bilateral shoulder impingement and calcific tendinitis, complex regional pain syndrome of the bilateral upper extremities and lumbar sprain with disc protrusion and impingement of the nerve root and multilevel congenital canal stenosis per Magnetic Resonance Imaging. Treatment included pain medications, neuropathic medications, stellate ganglion blocks, right shoulder steroid injection. Currently, the injured worker complained of worsening pain of her neck and upper shoulder area. She noted difficulty moving her arms. She also noted increased lower back pain. The injured worker had limited cervical range of motion with tenderness and muscle spasms interfering with her activities of daily living. The treatment requested authorization for a left stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left stellate ganglion block x2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regional sympathetic blocks Page(s): 102.

Decision rationale: There is limited evidence to support this procedure, with most studies reported being case studies. Recommendations are generally limited to diagnosis and therapy for CRPS. In this case, the claimant had significant pain and limitations along with a diagnosis of CRPS. The claimant had not responded to oral medications and was unable to get any sleep at night due to neck pain. The request for stellate ganglion blocks is medically necessary.